



P.O. Box "J"
MANSON, WASHINGTON 98831
PHONE: (509) 687-3548
STAFF@LCRD.ORG

SERVICE ID: _____

APPLICATION FOR DOMESTIC WATER HOOK-UP

NAME: _____

PARCEL#: _____

MAILING ADDRESS: _____

TYPE OF SERVICE:

- ☐ SINGLE FAMILY RESIDENCE
☐ ACCESSORY DWELLING UNIT (ADU)
☐ COMMERCIAL BUILDING
☐ DUPLEX/TRIPLEX/MULTI FAMILY
☐ OTHER: _____

PHONE NUMBER: _____

E-MAIL: _____

REQUESTED METER SIZE _____

PROPERTY ADDRESS: _____

WHAT DATE WOULD YOU LIKE THE METER SERVICE INSTALLED BY? _____

* IF A METER BOX IS NOT ALREADY PRESENT, PLEASE USE A STAKE LABELED "WATER" TO MARK YOUR DESIRED LOCATION AND ATTACH A PARCEL MAP TO THIS FORM SHOWING ITS LOCATION. LCRD REQUIRES **30 DAYS ADVANCE NOTICE** PRIOR TO SERVICE INSTALLATION.

CUSTOMER ACKNOWLEDGES AND AGREES TO THE FOLLOWING BY SIGNING THIS DOCUMENT:

1. THE CUSTOMER WILL HAVE THE BACKFLOW PREVENTION ASSEMBLY (DCVA) INSPECTED AND TESTED ANNUALLY AT YOUR OWN COST AS REQUIRED BY THE DEPARTMENT OF HEALTH WAC 246-290-490.
2. THE CUSTOMER HAS READ THE BROCHURE ON HOW TO PREVENT THERMAL EXPANSION AND ACKNOWLEDGES THAT LCRD RECOMMENDS THE INSTALLATION OF THERMAL EXPANSION TANK.
3. THE CUSTOMER UNDERSTANDS THAT INSULATING THE METER AND DCVA BOX DURING THE WINTER MONTHS IS YOUR RESPONSIBILITY. LCRD RECOMMENDS PLACING INSULATION IN A GARBAGE BAG, TO KEEP IT FROM GETTING WET, AND PLACING IT BELOW AND ABOVE THE DCVA IN EFFORT TO PREVENT IT FROM FREEZING.
4. HIGH PRESSURE: IN ORDER TO PROVIDE WATER SERVICE TO ALL AREAS OF OUR DISTRICT, SOME SERVICES WILL HAVE HIGH WATER PRESSURE AND WILL NEED TO INSTALL A PRESSURE REDUCING VALVE (PRV) ON THE MAIN WATER LINE.
5. LOW PRESSURE ZONE: LCRD IS REQUIRED TO PROVIDE A MINIMUM OF 30 PSI AT THE METER, WHICH IS LOCATED AT THE EDGE OF YOUR PROPERTY. A PRIVATE BOOSTER PUMP SYSTEM WILL BE NEEDED IF THE PSI AT YOUR HOUSE IS NOT ADEQUATE. YOU ARE RESPONSIBLE FOR PROVIDING POWER FOR THE PRIVATE PUMP AND MAINTAINING IT.

CUSTOMER SIGNATURE: _____

DATE: _____

NOTE: MONTHLY RATE SERVICE FEES WILL START 60 DAYS AFTER HOOK UP FEES ARE PAID OR 30 DAYS AFTER THE WATER METER IS INSTALLED REGARDLESS OF WHETHER YOU ARE PHYSICALLY USING THE WATER OR NOT. THE HOOK UP FEE WILL INCLUDE THE INSTALLATION OF A METER, DOUBLE CHECK VALVE ASSEMBLY AND A BALL VALVE WHICH IS THE CUSTOMER'S SHUT OFF VALVE.

¾" HOOK UP FEE (PER ERU) \$8,000 x _____ ERU's

CHECK NUMBER: _____

1" HOOK UP FEE (PER ERU) \$8,750 x _____ ERU's

DATE PAID: _____

ADU HOOK UP FEE (0.5 ERU) \$ _____

RECEIVED BY: _____

TAP FEE \$1,600 []

LAKE CHELAN RECLAMATION DISTRICT

ROAD CROSSING FEE \$2,600 []

MISC ADDITIONAL FEES \$ _____

TOTAL AMOUNT DUE: \$ _____

HOOK UP COMPLETED ON: _____

HOOK UP BY: _____

AMR TRANSMITTER NO: _____

BACKFLOW SERIAL: _____

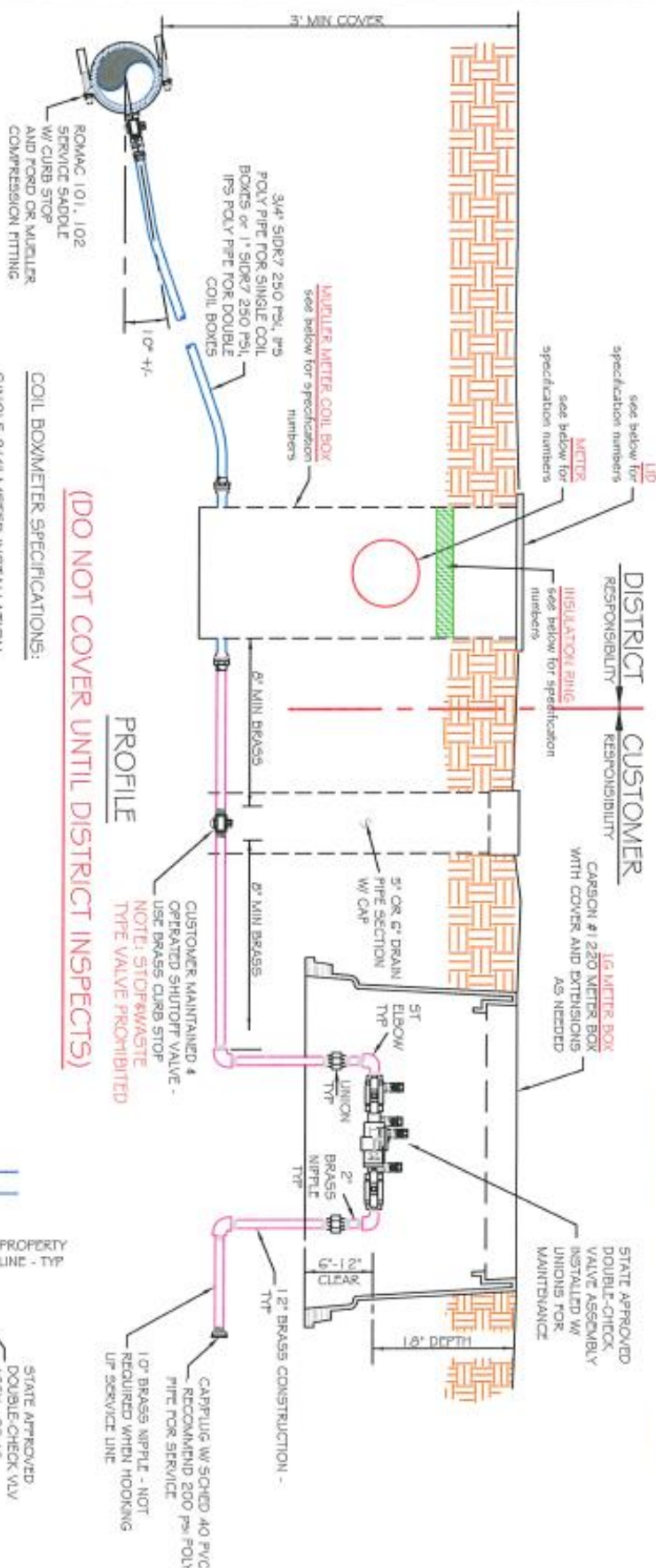
METER BODY SERIAL: _____

BACKFLOW MAKE/MODEL: WILKINS 350XL

CHLORINE RESIDUAL TEST RESULT: _____ MG/L

BACKFLOW SIZE: _____

DEVELOPER/CONTRACTOR INSTALLATION RESPONSIBILITY



(DO NOT COVER UNTIL DISTRICT INSPECTS)

PROFILE

CUSTOMER MAINTAINED & OPERATED SHUTOFF VALVE - USE BRASS CURB STOP
NOTE: STOPWASTE TYPE VALVE PROHIBITED

COIL BOX/METER SPECIFICATIONS:

SINGLE 3/4\" METER INSTALLATION:

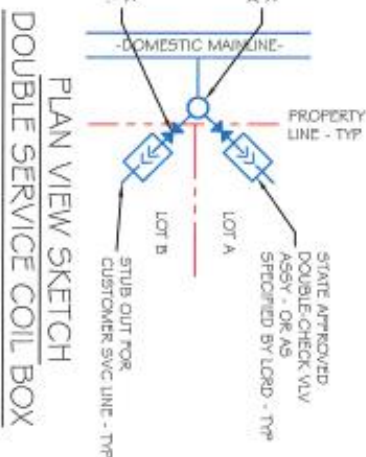
METER - 3/4\" x 3/4\" Badger Recordall Nutating Disc Flowmeter, LL Bronze External Thread Body, Noryl Chamber, Plastic Thrust Roller, Bronze Bottom, Meter Mounted Low Temp Register, No Connections, NSF 61, Cubic Feet Reader
COIL BOX - Mueller No. 250 CS 15 36 LSBN
LID - Mueller No. 203 CS 15 36 FBBSN
INSULATION RING - Mueller No. 790022

DOUBLE 3/4\" METER INSTALLATION:

(2) METERS - see single 3/4\" meter installation above
COIL BOX - Mueller No. 203 CD 18 36 FBBSN
LID - Mueller No. 780111
INSULATION RING - Mueller No. 790153

SINGLE 1\" METER INSTALLATION:

METER - 1\" Badger Recordall Nutating Disc Flowmeter, LL Bronze External Thread Body, Noryl Chamber, Plastic Thrust Roller, Bronze Bottom, Meter Mounted Low Temp Register, No Connections, NSF 61, Cubic Feet Reader
COIL BOX - Mueller No. 330 CS 18 36 LSBN
LID - Mueller No. 790018
INSULATION RING - Mueller No. 790153



PLAN VIEW SKETCH
DOUBLE SERVICE COIL BOX

CUSTOMER
INITIAL: _____

NOTES:
ALL DOMESTIC DEVICES AND FITTINGS
MUST BE LEAD FREE.

MATERIAL SUBSTITUTIONS OR
DETERMINATION OF EQUAL ARE AT THE
SOLE DISCRETION OF LAKE CHELAN
RECLAMATION DISTRICT.

SERVICE LINE TO BE 90° OFF MAIN LINE.

MAGNETIC TAPE TO BE BURIED OVER
SERVICE LINE FOR LOCATION.

TITLE WATER SERVICE CUSTOMER H/H W/ SCVA BACKFLOW STANDARD DOMESTIC DETAIL		
SHEET 1 OF 5 ET	DWG SCALE NO SCALE	